



**MOTION FOR SATISFACTION OF JUDGMENT  
(SMALL CLAIMS)**

Case No. \_\_\_\_\_

Court District Small Claims

County \_\_\_\_\_

**PLAINTIFF**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VS.

**DEFENDANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ as ☐ Plaintiff ☐ Defendant  
(Date) (Name)  
recovered a judgment of \$ \_\_\_\_\_ against \_\_\_\_\_, with interest at the rate of 12%  
per annum and \$ \_\_\_\_\_ as costs. (Name)

The judgment has been fully and finally paid. At the time of payment, ☐ Plaintiff ☐ Defendant was the owner of the judgment and was entitled to receive payment.

I hereby request that the Court authorize and direct the Clerk of Court to enter into the record satisfaction of judgment in the identified action.

**Note:** Plaintiff/Defendant must sign this **in the presence of** the Circuit Clerk so that the Clerk can notarize his/her signature.

Date: \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Clerk

By: \_\_\_\_\_ D.C.

Distribution: File  
Plaintiff  
Defendant